

COX-2 Inhibitor Prior Authorization Request Form

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense Express Scripts is the TMOP contractor for

Note: The prior authorization for celecoxib (Celebrex), rofecoxib (Vioxx), and valdecoxib (Bextra) was discontinued by the DoD P&T Committee in February 2004. It is no longer necessary to submit a PA form to the TMOP to obtain these medications. The previous COX-2 inhibitor criteria and request form are available for reference only.

Your patient receives their prescription drug benefit from a plan that requires that we review certain requests for coverage. If your patient that requires Prior Authorization before being prescribed a medication, please make a copy of this form, complete the form, and submit the form to the patient. Please instruct the patient to bring the form to the TMOP contractor for processing.

If Express-Scripts already has your patient's prescription and has requested that you complete this form, the completed form may be faxed to: (877) 895-1900 (toll-free) or (602) 586-3911 (commercial). A copy of this form and explanations of the underlying clinical rationale and criteria for approval are available at http://www.pec.ha.osd.mil/PA_Criteria_and_forms.htm.

Please designate drug for which Prior Authorization is requested:

- ☐ Celecoxib (Celebrex®)
☐ Rofecoxib (Vioxx®)
☐ Valdecoxib (Bextra®)

Step 1 Please complete patient and physician information (Please Print)

1 Patient Name: _____ Physician Name: _____
Address: _____ Address: _____
Member #: _____ Phone #: _____
Date of Birth: _____ Secure Fax #: _____

Step 2 Please complete the clinical assessment

1. How old is the patient?

- ☐ Less than 65 years of age. Please proceed to Question 2
☐ 65 years of age or older. Benefit is approved for 1 year. (Note: It is not necessary to submit a prior authorization form to the TMOP for patients who are 65 or older. COX-2 inhibitor prescriptions for patients 65 years or older will be automatically approved based on the age in their TMOP patient profile. If you are uncertain about the patient's age, please proceed to Question 2.)

2. Is this drug being prescribed for treatment of familial adenomatous polyposis?

If yes, benefit is approved for 1 year. ☐ Yes ☐ No
If no, proceed to Question 3.

3. Is this drug being prescribed for the prevention or treatment of colon cancer or Alzheimer's disease?

If yes, benefit coverage is not approved. ☐ Yes ☐ No
If no, proceed to Question 4.

4. Will this patient receive Celebrex, Vioxx, or Bextra concurrently with another NSAID (non-steroidal anti-inflammatory drug), or with aspirin at a dose greater than 325 mg per day?

If yes, benefit coverage is not approved. ☐ Yes ☐ No
If no, proceed to Question 5.

5. Does this patient have a history of peptic ulcer disease, NSAID-related ulcer, clinically significant gastrointestinal bleeding, or an inherited or acquired coagulation defect (e.g., hemophilia, chronic hepatic failure)?

☐ Yes ☐ No

6. Has this patient failed an adequate trial with at least two (2) other different NSAIDs?

☐ Yes ☐ No

7. Is this patient receiving drug therapy with oral or injectable corticosteroids, anticoagulants, or antiplatelet agents?

☐ Yes ☐ No

If the answer to one or more of Questions 5, 6, or 7 is yes, benefit is approved for 1 year. If not, benefit coverage is not approved.

Step 3 Please sign and date

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Prescriber Signature

Date